



Indiana First Steps Early Intervention System

FAMILY ASSESSMENT CHECKLIST

This form is to be completed by the family and service coordinator prior to each annual Individualized Family Service Plan meeting. With the family's permission, it will be discussed during the IFSP meeting. Its purpose is to provide First Steps with important information about the family's resources, priorities, and concerns related to caring for their child and enhancing his or her development. This information will help the First Steps team to know how they can address the family's identified needs; and it will help First Steps to evaluate how well it has done in meeting the goals of First Steps.

It is important for families to remember that any family assessment, including this one, is optional and voluntary on the part of the family, and is completed only with their consent.

Thank you for taking time to let us know how well First Steps is having an impact on the children and families it serves, and what additional information and services we can provide. If you have any questions or need help filling out this survey, please call (317) 232-1144 or 1-800-441-STEP.

Indiana's First Steps System provides early intervention for families of infants and toddlers with developmental delays or who show signs of being at-risk to have certain delays in the future. It offers a family-centered, coordinated system to services to eligible children and their families. By coordinating locally available services, First Steps is working to give Indiana's children and their families the widest possible array of early intervention services. Its goal is to help Hoosier families make sure their infants and toddlers receive services now to help them in the future.

This questionnaire is part of our ongoing efforts to provide the best services possible. It allows us to evaluate the quality and impact of First Steps services on children and families. This form is one of several that families will see in their journey through the First Steps system. By filling it out, families supply vital information about how First Steps is working for the children and families enrolled, and help us continue to promote quality services.

Family Assessment Checklist

1. A goal of First Steps is to ensure that families know about their child, his or her special needs, general information about child development, and what families can do to support their child's development.	Yes	No	Not Sure	Check here if you want to learn more
a. Do you know how to help your child develop LANGUAGE and COMMUNICATION skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know how to help your child develop THINKING SKILLS in learning about and understanding his/her world?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know how to help your child develop MOTOR SKILLS, such as sitting up, moving around, using his/her hands and fingers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know how to help your child develop SOCIAL SKILLS such as learning to get along with others in his/her world?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know how to help your child develop SELF HELP SKILLS such as learning to take care of his/her own feeding, dressing, and personal needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know how children's hearing, vision, PHYSICAL DEVELOPMENT occurs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you understand your child's special needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know what toys and books are appropriate for your child's age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know how to handle temper tantrums or other challenging behaviors your child might have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know how to toilet train your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know how to play and talk with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know how to help your child develop good sleeping habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Can you provide opportunities for your child to play with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. What additional information do you need: _____				

1. A goal of First Steps is to help families learn about their rights under First Steps, and how they can exercise those rights in requesting services and supports.	Yes	No	Not Sure	Check here if you want to learn more
a. Do you understand what your rights and responsibilities are under the First Steps system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know what you can do as a member of your family's First Steps team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know what the purpose of the IFSP is and why it is reviewed on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know how to choose providers, talk about your concerns and priorities, identify important family outcomes, and request changes in the services your family is receiving? (How to advocate for your family?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If there are disagreements between your family and the First Steps service providers, do you know how to communicate effectively and problem solve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. A goal of First Steps is to ensure that children and their families are safe, healthy, and well nourished.	Yes	No	Not Sure	Check here if you want to learn more
a. Does your child sees a doctor regularly for checkups and when ill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know what the recommended schedule is for well-child care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Has your child completed all well-child care checkups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know what the recommended schedule is for immunizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Is your child up-to-date on all immunizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Is your child's medical care well coordinated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you have medical and health insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you understand your medical and health insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know the recommended nutritional guidelines for your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If you know the recommended nutritional guidelines, are you able to follow them in feeding your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Did you receive a checklist of common household safety measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you understand these safety recommendations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you follow common household safety measures (please refer to Checklist of Common Household Safety Measures)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know about the following social service agencies that can help you to keep your child safe and healthy:				
- WIC (Women, Infants, and Children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- SSI (Supplemental Security Income)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Hoosier Healthwise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- CSHCS (Children's Special Health Care Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. A goal of First Steps is to help families connect with other families and community resources when needed for emotional and other kinds of support.	Yes	No	Not Sure	Check here if you want to learn more
a. Do you talk to other families with similar needs when needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have help with childcare (respite care, baby sitter, family) when needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you know of a local family support group that you might attend if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you know of other resources in the community that are available to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you have the support you need to plan for your child and family's future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you have access to transportation resources when needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please check any of the following if you like more information:

- ☐ Housing and related issues
- ☐ Finding a job
- ☐ GED/other adult education
- ☐ Other:

Our family completed this page or a similar survey that was summarized on this IFSP page. Family initial: _____

Our family declined to complete the family assessment survey. Family Initial: _____